

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: <u>7/25</u>		2 Serial/Patent # <u>08/603952</u>	
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/> Filing		<u>6-14-96</u>	\$ <u>78</u>
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$
			7 TOTAL AMOUNT OF REFUND \$ <u>78</u>
8 TO BE REFUNDED BY:			
		Treasury Check	
		Credit Deposit A/C #:	
		9 <u>07--1750</u>	
10 REASON:			
<input checked="" type="checkbox"/> Overpayment			
<input type="checkbox"/> Duplicate Payment			
<input type="checkbox"/> No Fee Due (Explanation):			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>TYWANA LOVEACE</u>		TITLE: <u>LEGAL INSUR EXAM</u>	
SIGNATURE: <u>[Signature]</u>		PHONE: <u>308-6472</u>	
OFFICE: <u>OIPE-TEAM 5</u>			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: <u>Thaw Jon</u>		DATE: <u>8/26/96</u>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B